



COMMUNITY BUSINESS DEVELOPMENT PARTNERS  
**MILWAUKEE COUNTY**

**CONTRACT CLOSE-OUT**  
**DBE PAYMENT CERTIFICATION**

**Prime Contractor/Consultant must attach this form to the request for final payment in order to receive payment.**

County Department Issuing Contract/Project: \_\_\_\_\_

Prime Contractor/Consultant: \_\_\_\_\_

**DBE Firm:** \_\_\_\_\_

**Project No.:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

*Complete Section A if full payment has been made.*  
*Complete Section B if full payment will be made upon receipt of final payment from Milwaukee County.*

**\*SECTION (A) DBE FIRM COMPLETES IF FINAL PAYMENT HAS BEEN RECEIVED**

I hereby certify that our firm received \$ \_\_\_\_\_ total payment for work on the above referenced Milwaukee County project or contract.

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(DBE Contractor/Consultant Signature)

\_\_\_\_\_  
(Print Name & Title)

**\*SECTION (B) BOTH PRIME CONTRACTOR/CONSULTANT AND DBE FIRM COMPLETE IF FULL PAYMENT HAS NOT BEEN MADE TO DBE FIRM AND A BALANCE REMAINS TO BE PAID.**

I hereby certify that our firm has paid to date a total of \$ \_\_\_\_\_ and will pay the balance of \$ \_\_\_\_\_ to \_\_\_\_\_ upon receipt of payment from Milwaukee County for work on the above referenced project or contract.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Prime Contractor/Consultant Signature)

\_\_\_\_\_  
(Print Name & Title)

\_\_\_\_\_  
(DBE Contractor/Consultant Signature)

\_\_\_\_\_  
(Print Name & Title)